



CREDIT APPLICATION

Please fill out as thoroughly as possible for a faster processing period

Company Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Fax #:** _____

Email: _____ **Web Address:** _____

Type of Entity:

Please Check One

Single Proprietorship

Partnership

Corporation

*** Federal ID #:** _____

*** Principals:**

Name: _____ **Address:** _____

Title: _____ **Phone #:** _____

Name: _____ **Address:** _____

Title: _____ **Phone #:** _____

Name: _____ **Address:** _____

Title: _____ **Phone #:** _____

Name: _____ **Address:** _____

Title : _____ **Phone #:** _____

*** Bank Information:**

Bank Name: _____ **Phone #:** _____

Address: _____

Account #: _____ **Contact:** _____



***Trade References:**

1) **Business Name:** _____
Address: _____
Contact: _____
Tel #: _____ **Fax #:** _____

2) **Business Name:** _____
Address: _____
Contact: _____
Tel #: _____ **Fax #:** _____

3) **Business Name:** _____
Address: _____
Contact: _____
Tel #: _____ **Fax #:** _____

* **Credit Limit Requested:** \$ _____

* **Taxable:** _____ **Yes** _____ **No**
If Non Taxable, Please provide Resale # & Fax copy : # _____

* We certify that all the information on this form is true and correct.
We fully understand your credit terms and agree to proper payment in consideration of credit extended.

↘ _____
Signature / Individual **Date**

Inconsideration of credit being extended to the above named applicant(s), the undersigned "guarantors" agree and promise to pay Stephen Marsh Mastering on demand, any and all present and future indebtedness. The obligations of the guarantors hereunder are jointly and severally liable for the debts arising out of this guarantee. Guarantors agree that a separate action may be brought against any one or more of the guarantors whether or not action, by suit, or otherwise, is brought against any other guarantor or against the applicant.

↘ _____
Signature / Individual **Date**



BANK AUTHORIZATION

We at **Stephen Marsh Mastering** find it necessary to request a signed bank authorization form along with your credit application. This will assist in the timely processing of your application, as most financial banking institutions require such a signature prior to releasing any financial information. Please sign and print your name along with the date and name of your company.

Thank you for your cooperation.

By signing this form, I hereby authorize all credit information requested to be released to **Stephen Marsh Mastering**.

SIGNATURE _____

PRINTED NAME _____ **TITLE** _____

COMPANY NAME _____

CREDIT CARD CHARGE AUTHORIZATION

I hereby authorize **Stephen Marsh Mastering** to charge my credit card (referenced below) in the event that my account goes past 30 days.

Type of Card:

_____ Visa _____ MasterCard _____ American Express

Credit Card #: _____ Expiration Date: _____

SIGNATURE _____

PRINTED NAME _____ **TITLE** _____

COMPANY NAME _____

*Thank you for completing the form.
Allow us ample time for processing.
Please email or fax this back to Stephen or Stephanie @
(310) 598-8685*